



DEPARTMENT OF CORRECTIONS
VICTIM NOTIFICATION FORM

As a victim of crime, you have the right to be notified of the offender's transfer from one prison to another within the **Department of Corrections**, escape from a prison and recapture, release, including work release, or discharge from prison, and name change of the offender, while in the Department's custody. In order to be notified by the **Department of Corrections** of these changes in offender status, you must complete this form and return it to:

*Virginia Department of Corrections, Victim Services Unit,
6900 Atmore Drive, Richmond, VA 23225*

Please be advised that if the offender is in custody in a local jail, you must contact the jail directly for notification.

(PLEASE PRINT)

Name of Offender (full name) _____

Department of Corrections Offender Number (if known) _____

-OR- Offender's Date of Birth _____

Convicting Court (Locality) _____

Current Prison/Jail Location (if known) _____

Date of Sentencing _____

Length of Sentence _____

Date Crime was Committed _____

Offense Committed Against You _____

I am the victim in this case and I wish to be informed of the changes in offender status listed above. I understand that it is my responsibility to always inform the Department of Corrections of any change of address and change in telephone number as soon as possible **and in writing**.

Signature _____ Date _____

Your name: _____

Street Address: _____

City, State, Zip _____

Telephone (work) () _____ (home) () _____

We know this information is important to you and we will process this form as soon as possible. If you have not received information from the Victim Services Unit after 30 days, please contact our office to ensure that we have received your form. Also, if you have any questions, please contact us at:

***Virginia Department of Corrections, Victim Services Unit, 6900 Atmore Drive,
Richmond, VA 23225 (800) 560-4292 FAX (804) 674-3054***

OFFICE USE ONLY

RECV'D _____ FAXED _____ LOC _____ MAILED _____ ID _____